



Welcome to the **community.**

Kansas

KanCare

- Welcome Letter
- Member Handbook
- Other Information

Welcome.

Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. You can find answers to most questions at **myuhc.com/CommunityPlan**. Or you can call Member Services at **1-877-542-9238, TTY: 711**, 8:00 a.m. to 6:00 p.m. CT, Monday through Friday.



Getting started.

We want you to get the most from your health plan right away.

Start with these three easy steps:

1

Call your Primary Care Provider (PCP) and schedule a checkup. Regular checkups are important for good health. Your PCP's phone number should be listed on the member ID card that you recently received in the mail. The PCP listed on your card is not the only provider that you can see. You can access care at any participating provider. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services at **1-877-542-9238, TTY: 711**. We're here to help.

2

Take your Health Assessment. This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. Go to **myuhc.com/CommunityPlan** to complete the Health Assessment today. Also, we will call you soon to welcome you to the UnitedHealthcare Community Plan. During this call, we can explain your health plan benefits. We can also help you complete the Health Assessment over the phone. See page 10.

3

Get to know your health plan. Start with the Health Plan Highlights section on page 7 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

Thank you for choosing **UnitedHealthcare Community Plan** for your health plan.

We're happy to have you as a member. You've joined the millions of members who have health insurance with UnitedHealthcare Community Plan. You've made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers — doctors, nurses, hospitals and drugstores — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We're dedicated to improving your health and well-being.

Remember, answers to any questions you have are just a click away at myuhc.com/CommunityPlan. Or, you can call Member Services at **1-877-542-9238**, TTY: 711, 8:00 a.m. to 6:00 p.m. CT, Monday through Friday.





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Health Plan Highlights

Member ID Card

Diagram illustrating the components of a Member ID Card and their corresponding information:

- Your plan ID number**: Points to the "Group Number: XXXXXX" field.
- Your member ID number**: Points to the "Member ID: 9999999999" field.
- Member Services phone number**: Points to the "877-542-9238" number for Members.
- Name of your Primary Care Provider**: Points to the "PCP Name: Provider Brown/Provider Group" field.
- Information for your pharmacist**: Points to the "OPTUMRx" logo and associated fields (Rx Bin, Rx Grp, Rx PCN).
- Mental Health Services**: Points to the "Behavioral Health" section.

Member ID Card Details:

UnitedHealthcare Community Plan | KanCare
 Health Plan (80840) 911-96385-07
 Member ID: 9999999999 Group Number: XXXXXX
 Member: Subscriber Brown Payer ID: 96385
 PCP Name: Provider Brown/Provider Group
 PCP Phone: (999) 999-9999
 Effective Date: 99/99/9999
 Administered by UnitedHealthcare of the Midwest, Inc.
 0001

Back of Card Details:

In an emergency go to nearest emergency room or call 911. Printed: 09/28/11

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.

For Members:
 877-542-9238 TTY 711
 Nurseline: 855-575-0136 TTY 711
 Behavioral Health: 855-802-7095 TTY 711
 Transportation (reservations): 877-796-5847

For Providers: www.uhcommunityplan.com 877-542-9235
 Medical Claims: KMAP, PO Box 3571, Topeka, KS 66601-3571
 Transportation (Where is my ride?): 877-796-5848

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
 For Pharmacist: 877-305-8952

Your member ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure all the information is correct. If any information is wrong, call Member Services at **1-877-542-9238, TTY: 711**.

- Take your member ID card to your appointments.
- Show it when you fill a prescription.
- Have it ready when you call Member Services; this helps us serve you better.
- Do not let someone else use your card(s). It is against the law.

Show your card. Always show your UnitedHealthcare member ID card when you get care. This helps ensure you get all the benefits available to you. And prevents billing mistakes.

Lost your member ID card?

If you or a family member loses a card, contact Member Services right away and we'll send you a new one.

Discover Your Plan Online



Manage your health care information 24/7 on **myuhc.com**.

As a member of a UnitedHealthcare Community Plan, you're just a click away from everything you need to take charge of your health benefits. Register on **myuhc.com/CommunityPlan**.

The tools and new features can save you time and help you stay healthy. Using the site is free.

Great reasons to use **myuhc.com/CommunityPlan**.

- Look up your benefits.
- Find a doctor.
- Print an ID Card.
- Find a hospital.
- Take your Health Assessment.
- Keep track of your medical history.
- View claims history.
- Learn how to stay healthy.

Register on **myuhc.com/CommunityPlan** today.

Registration is easy and fast. Sign up today! Just visit **myuhc.com/CommunityPlan**. Select "Register" on the Home Page. Follow the simple prompts. You're just a few clicks away from access to all types of information. Get more from your health care.

UnitedHealthcare Health4Me™.

UnitedHealthcare Community Plan has a new member app. It's called Health4Me. The app is available for Apple® or Android® tablets and smartphones. Health4Me makes it easy to:

- Find a doctor, ER or urgent care center near you.
- View your ID card.
- Take your Health Assessment.
- Read your handbook.
- Learn about your benefits.
- Contact Member Services.

Download the free Health4Me app today. Use it to connect with your health plan wherever you are, whenever you want. To download the app, go to the app store or scan this square with the QR reader on your smartphone.



Benefits at a Glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You'll find a complete listing in the Benefits section.



Primary Care Services.

You are covered for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.



Large Provider Network.

You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and drug stores — giving you many options for your health care. Find a complete list of network providers at myuhc.com/CommunityPlan or call 1-877-542-9238, TTY: 711.



NurseLineSM.

NurseLine gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern.



Specialist Services.

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 19.



Medicines.

Your plan covers prescription drugs with no co-pays for members of all ages. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins.



Hospital Services.

You're covered for hospital stays. You're also covered for outpatient services. These are services you get in the hospital without spending the night.

Health Plan Highlights



Laboratory Services.

Covered services include tests and X-rays that help find the cause of illness.



Well-Child Visits.

All well-child visits and immunizations are covered by your plan.



Maternity and Pregnancy Care.

You are covered for doctor visits before and after your baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.



Family Planning.

You are covered for services that help you manage the timing of pregnancies. These include birth control products and procedures.



Vision Care.

Your vision benefits include routine eye exams and glasses. See page 37.

Your Health Assessment

A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and your health. When you fill it out and mail it to us, we can get to know you better. And it helps us match you with the many benefits and services available to you.

Please take a few minutes to fill out the Health Assessment at **myuhc.com/CommunityPlan**. Click on the Health Assessment button on the right side of the page, after you register and/or log in. Or call Member Services at **1-877-542-9238**, TTY: 711 to complete it by phone.

Member Support

We want to make it as easy as possible for you to get the most from your health plan. As our member, you have many services available to you, including transportation and interpreters if needed. And if you have questions, there are many places to get answers.



Website offers 24/7 access to plan details.

Go to myuhc.com/CommunityPlan to sign up for Web access to your account. This secure website keeps all of your health information in one place. In addition to plan details, the site includes useful tools that can help you:

- Find a provider or pharmacy.
- Search for a medicine in the Preferred Drug List or Formulary.
- Get benefit details.
- Download a new Member Handbook.
- Print a new member ID card.



Get information on-the-go with the UnitedHealthcare Health4Me™ mobile app.

Download the Health4Me mobile app to your Apple® or Android® smartphone or tablet and see how easy it is to find nearby doctors, view the member handbook, find help and support in your community, or view your ID card.



Member Services is available Monday – Friday 8:00 a.m. to 6:00 p.m.

Member Services can help with your questions or concerns. This includes:

- Understanding your benefits.
- Help getting a replacement member ID card.
- Finding a doctor or urgent care clinic.

Call **1-877-542-9238**, TTY: **711**.



Care Management program.

If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call **1-877-542-9238**, TTY: **711**.

Health Plan Highlights



Transportation services are available.

As a KanCare member, medical transport is available for some medical care. For details, see page 22. Or call LogistiCare at **1-877-796-5847**.



We speak your language.

If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Member Services at **1-877-542-9238, TTY: 711**.

Si usted habla un idioma que no sea inglés, podemos proporcionar materiales impresos traducidos. O podemos proporcionar un intérprete que puede ayudar a entender estos materiales. Encontrará más información acerca de servicios de interpretación y asistencia lingüística en la sección Otros detalles del plan. O llame a Servicios para Miembros al **1-877-542-9238, TTY: 711**.



Emergencies.

In case of emergency, call. **911**



Other important numbers.

Dental Benefits	1-877-542-9238
Healthy First Steps (for mothers-to-be)	1-877-813-3417
LogistiCare Transportation Services Non-Emergency Transportation	1-877-796-5847
Mental Health and Substance Use Disorder Services	1-855-802-7095
NurseLine SM (available 24 hours a day, 7 days a week)	1-855-575-0136
Pharmacy Benefits	1-877-542-9238
KanQuit Smoking Cessation Line	1-800-784-8669

You can start using your pharmacy benefit right away.

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List or Formulary. Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Formulary List. There is also the Preferred Drug List (PDL). The PDL list is a subset of all drugs covered under the plan. Your Doctor uses these lists to make sure the medicines you need are covered by your plan. You can find both the Preferred Drug List and the formulary list online at myuhc.com/CommunityPlan. You search for a medicine name on the website. It's easy to start getting your prescriptions filled. Here's how:

1

Are your medicines included on the Preferred Drug List or Formulary?

**Yes.**

If your medicines are included on the Preferred Drug List or Formulary, you're all set. Be sure to show your pharmacist your new member ID card every time you get your prescriptions filled.

**No.**

If your prescriptions are not on the Preferred Drug List or Formulary, schedule an appointment with your doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List or Formulary. Your doctor can also help you ask for an exception if they think you need a medicine that is not on the list.

**Not sure.**

View the Preferred Drug List or Formulary online at myuhc.com/CommunityPlan. You can also call Member Services. We're here to help.

2

Do you have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your member ID card. You can find a list of network pharmacies in the Provider Directory online at myuhc.com/CommunityPlan, or you can call Member Services.

3

Do you need to refill a drug that's not on the Preferred Drug List or Formulary?

If you need refills of medicines that are not on the Preferred Drug List or Formulary, you can get a temporary 5-day supply. To do so, visit a network pharmacy and show your member ID card. If you don't have your member ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

Attention Pharmacist

Please process this UnitedHealthcare Community Plan member's claim using:

BIN: 610494

Processor Control Number: 9999

Group: ACUKS

If you receive a message that the member's medication needs a prior authorization or is not on our formulary, please call **OptumRx®** at **1-877-305-8952** for a transitional supply override.



Going to the Doctor

Your Primary Care Provider (PCP)

We call the main doctor you see a Primary Care Provider, or PCP. When you see the same PCP over time, it's easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. You will see your PCP for:

- Routine care, including yearly checkups.
- Coordinate your care with a specialist.
- Treatment for colds and flu.
- Other health concerns.

You have options.

You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) — cares for children and adults.
- Gynecologist (GYN) — cares for women.
- Internal medicine doctor (also called an internist) — cares for adults.
- Nurse Practitioner (NP) — cares for children and adults.
- Obstetrician (OB) — cares for pregnant women.
- Pediatrician — cares for children.
- Physician Assistant (PA) — cares for children and adults.

Choosing your PCP.

If you've been seeing a doctor before becoming a UnitedHealthcare member, check to see if your doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers. There may be times when you need to get services outside of our network. If a needed and covered service is not available in-network, it will be covered out-of-network at no greater cost to you than if provided in-network. Call Member Services to learn if they are covered in full. You may have to pay for those services.

Going to the Doctor

Availability of services.

You can see a specialist, and get routine and preventive care services in addition to services provided by your PCP.

There are three ways to find the right PCP for you.

1. Look through our printed Provider Directory.
2. Use the Find-a-Doctor search tool at **myuhc.com/CommunityPlan**.
3. Call Member Services at **1-877-542-9238, TTY: 711**. We can answer your questions and help you find a PCP close to you.

Once you choose a PCP, call Member Services and let us know. We will make sure your records are updated. If you don't want to choose a PCP, UnitedHealthcare can choose one for you, based on your location and language spoken.

Learn more about network doctors.

You can learn information about network doctors, such as board certifications, medical school and residency program attended, and languages they speak, at **myuhc.com/CommunityPlan**, or by calling Member Services.

Changing your PCP.

It's important that you like and trust your PCP. You can change PCPs at any time. Call Member Services and we can help you make the change.

Annual Checkups

The importance of your annual checkup.

You don't have to be sick to go to the doctor. In fact, yearly checkups with your PCP can help keep you healthy. In addition to checking on your general health, your PCP will make sure you get the screenings, tests and shots you need. And if there is a health problem, they're usually much easier to treat when caught early.

Here are some important screenings. How often you get a screening is based on your age and risk factors. Talk to your doctor about what's right for you.

For women.

- Pap smear — helps detect cervical cancer.
- Breast exam/Mammography — helps detect breast cancer.

For men.

- Testes exam — helps detect testicular cancer.
- Prostate exam — helps detect prostate cancer.

Well-child visits.

Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's behavior and overall well-being, including:

- Eating.
- Sleeping.
- Behavior.
- Social interactions.
- Physical activity.

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevent two common liver infections.
- **Rotavirus:** protects against a virus that causes severe diarrhea.
- **Diphtheria:** prevents a dangerous throat infection.
- **Tetanus:** prevents a dangerous nerve disease.
- **Pertussis:** prevents whooping cough.
- **HiB:** prevents childhood meningitis and severe lung and throat infections.
- **Meningococcal:** prevents bacterial meningitis.
- **Polio:** prevents a virus that causes paralysis.
- **MMR:** prevents measles, mumps and rubella.
- **Varicella:** prevents chickenpox.
- **Influenza:** protects against the flu virus.
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis.
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men.

Checkup schedule.

It's important to schedule your well-child visits for these ages:

3 to 5 days	15 months
1 month	18 months
2 months	24 months
4 months	30 months
6 months	3 years
9 months	4 years
12 months	Once a year after age 5

Making an Appointment With Your PCP

Call your doctor's office directly. The number should be on your Member ID card. When you call to make an appointment, be sure to tell the office what you're coming in for. This will help make sure you get the care you need, when you need it. This is how quickly you can expect to be seen:

How long it should take to see your PCP:

Emergency	Immediately or sent to an emergency facility.
Urgent (but not an emergency)	Within 1 day or 24 hours.
Routine	Within 1 week or 7 days.
Preventive, Well-Child and Regular	Within 1 month.

Preparing for Your PCP Appointment

Before the visit.

- 1** Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).
- 2** Make note of any new symptoms and when they started.
- 3** Make a list of any drugs or vitamins you take on a regular basis.

During the visit.

When you are with the doctor, feel free to:

- Ask questions.
- Take notes if it helps you remember.
- Ask the doctor to speak slowly or explain anything you don't understand.
- Ask for more information about any medicines, treatments or conditions.



NurseLineSM Services – Your 24-Hour Health Information Resource

When you're sick or injured, it can be difficult to make health care decisions. You may not know if you should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care. An experienced NurseLine nurse can give you information to help you decide.

Nurses can provide information and support for many health situations and concerns, including:

- Minor injuries.
- Common illnesses.
- Self-care tips and treatment options.
- Recent diagnoses and chronic conditions.
- Choosing appropriate medical care.
- Illness prevention.
- Nutrition and fitness.
- Questions to ask your provider.
- How to take medication safely.
- Men's, women's and children's health.

You may just be curious about a health issue and want to learn more. Experienced registered nurses can provide you with information, support and education for any health-related question or concern.

Simply call the toll-free number **1-855-575-0136** or **TTY: 711** for the hearing impaired. You can call the toll-free NurseLine number anytime, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

Referrals and Specialists

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This other doctor is called a specialist. It is a good idea to see your PCP before you see a specialist. Your PCP can help coordinate your medical needs. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

- Cardiologist — for problems with the heart.
- Pulmonologist — for problems with the lungs and breathing.

Going to the Doctor

You do not need a referral from your PCP for:

- Emergency services.
- Behavioral health.
- Sexually transmitted disease (STD) testing and treatment — includes annual exam and up to five gynecologist (GYN) visits per year.
- Routine eye exams.
- Education classes — including parenting, smoking cessation and childbirth.

Member Advocate

The Member Advocate is another person at UnitedHealthcare Community Plan who can help you.

The Member Advocate can:

- Help our staff and providers better understand the values and practices of all cultures we serve.
- Help you figure out how things work at UnitedHealthcare Community Plan. This may be things like filing a grievance, changing Care Coordinators or getting the care you need.
- Refer you to the right UnitedHealthcare Community Plan staff.
- Help solve problems with your care.

To reach the UnitedHealthcare Community Plan Member Advocate, call UnitedHealthcare Community Plan at **1-877-542-9238, TTY: 711**. Ask to speak with the Member Advocate.

Getting a Second Opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider or non-network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion. If the type of doctor needed is not available in-network for a second opinion, we will arrange for a second opinion out-of-network at no more cost to you than if the service was provided in-network.

Prior Authorizations

In some cases your provider must get permission from the health plan before giving you a certain service. This is called prior authorization. This is your provider's responsibility. If they do not get prior authorization, you will not be able to get those services.

You do not need prior authorization for advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay. You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant.

A prior authorization may be needed.

Some services that need prior authorization include:

- Hospital admissions.
- Certain outpatient imaging procedures, including PET scan imaging procedures.
- Some Durable Medical Equipment services.
- Some prescription medications.
- Weight loss surgery.

Continued Care if Your PCP Leaves the Network

Sometimes PCPs leave the network. If this happens to your PCP, you will receive a letter from us letting you know. Sometimes UnitedHealthcare Community Plan will pay for you to get covered services from doctors for a short time after they leave the network. You may be able to get continued care and treatment when your doctor leaves the network if you are being actively treated for a serious medical problem. For example, you may qualify if you are getting chemotherapy for cancer or are at least six months pregnant when your doctor leaves the network. To ask for this, please call your doctor. Ask them to request an authorization for continued care and treatment from UnitedHealthcare.

Behavioral Health Services

As a UnitedHealthcare Community Plan member, you are eligible for Behavioral Health Services. These can help you with personal problems that may affect you or your family. These include stress, depression, anxiety, a gambling problem, or using drugs or alcohol.

To find a Behavioral Health provider, call Member Services at **1-877-542-9238**, TTY: 711.

Transportation Services – Non-Emergency

Medical transport is covered for some medical care. If you have no other way to get to the doctor, live in an area with no public transport or cannot use public transport due to a health condition or disability, call our Transportation Services (LogistiCare) at 1-877-796-5847. Your ride will be comfortable and safe.

To schedule a ride:

Call LogistiCare at 1-877-796-5847 Monday-Friday between 8:00 a.m. and 8:00 p.m. Call at least 3 business days before your appointment. Urgent Care and same-day rides are accepted. Rides can be scheduled up to 30 days in advance.

You may also schedule rides on the LogistiCare website: <https://member.logisticare.com>.

- Give them the address of your medical provider.
- Tell them if you need a wheelchair lift.
- They will also ask you for:
 - Your ID number.
 - Your first and last name.
 - The address of the location you are visiting.
 - Your appointment time and location.
 - Your date of birth.

When it is time for your ride:

- LogistiCare will call to ask you if you still need a ride. You will then know the name of the company that will be picking you up.
- If you need help, you may bring someone to the appointment with you.
- If your ride is late, call 1-877-796-5848.
- If the ride home has not been scheduled for a specific time, call 1-877-796-5848 when you are ready to go home.

If you have a complaint about the transportation service, call Member Services at **1-877-542-9238**, TTY: **711**.



Hospitals and Emergencies

Emergency Care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Reasons to go to the ER include:

- Serious illness.
- Broken bones.
- Heart attack.
- Poisoning.
- Severe cuts or burns.

Don't wait.

If you need emergency care, call 911 or go to the nearest hospital.

UnitedHealthcare Community Plan covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, call Member Services at **1-877-542-9238, TTY: 711**. You should also call your PCP and let them know about your visit so they can provide follow-up care if needed.

What is an emergency?

Emergency services means covered inpatient or outpatient services that are as follows: (1) Furnished by a provider qualified to furnish these services under this title. (2) Needed to evaluate or stabilize an emergency condition.

Maintenance Care and Post-Stabilization Care Services

Post-stabilization care means covered services, related to an emergency medical condition, that are provided after a member is stabilized in order to maintain the stabilized condition, or, under the circumstances, to improve or resolve the member's condition.

Urgent Care

Urgent care clinics are there for you when you need to see a doctor for a non-life-threatening condition but your PCP isn't available or it is after clinic hours. Common health issues ideal for urgent care include:

- Sore throat.
- Ear infection.
- Minor cuts or burns.
- Flu.
- Low-grade fever.
- Sprains.

If you or your children have an urgent problem, call your PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Planning ahead.

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics in your Provider Directory. Or you can call Member Services at **1-877-542-9238, TTY: 711.**

Hospital Services

There are times when your health may require you to go to the hospital. There are both inpatient and outpatient hospital services.

Outpatient services include X-rays, lab tests and minor surgeries. Your PCP will tell you if you need outpatient services. Your doctor's office can help you schedule them.

Inpatient services require you to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Inpatient services require you to be admitted (called a hospital admission) to the hospital. The hospital will contact UnitedHealthcare Community Plan and ask for authorization for your care. If the doctor who admits you to the hospital is not your PCP, you should call your PCP and let them know you are being admitted to the hospital.

Going to the hospital.

You should go to the hospital only if you need emergency care or if your doctor told you to go.

Emergency Dental Care

Emergency dental care services to control pain, bleeding or infection are covered by your plan.

No Medical Coverage Outside of U.S.

If you are outside of the United States and need medical care, any health care services you receive will not be covered by UnitedHealthcare Community Plan. Medicaid cannot pay for any medical services you get outside of the United States.



Pharmacy

Prescription Drugs

Your benefits include prescription drugs.

UnitedHealthcare Community Plan covers hundreds of prescription drugs from hundreds of pharmacies. A list of commonly covered drugs is on the Preferred Drug List or Formulary. You can fill your prescription at any in-network pharmacy. All you have to do is show your member ID card.

Generic and brand name drugs.

UnitedHealthcare Community Plan requires all members to use generic drugs. Generic drugs have the same ingredients as brand name drugs — they often cost less, but they work the same.

In some cases, a limited number of brand name drugs are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan.

What is the Preferred Drug List or Formulary?

The **Preferred Drug List (PDL)** is a list of covered drugs under your plan. The PDL is a subset of all drugs covered under the plan. The full list of covered drugs is called the **Formulary**. You can find both the Preferred Drug List and the Formulary online at myuhc.com/CommunityPlan.

Changes to the Preferred Drug List or Formulary.

The list of covered drugs is reviewed by the Kansas Department of Health and Environment (KDHE) on a regular basis and may change when new generic drugs are available.

Pharmacy

Over-the-Counter (OTC) Medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. An in-network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription. OTCs include:

- Pain relievers.
- Cough medicine.
- First-aid cream.
- Cold medicine.
- Contraceptives.

For a complete list of covered OTCs, go to myuhc.com/CommunityPlan. Or call Member Services at **1-877-542-9238**, TTY: 711.

Injectable Medicines

Injectable medications are medicines given by shot, and they are a covered benefit. In some cases you will need to get a prior authorization for an injectable medicine. Your PCP can have the injectable medication delivered either to the doctor's office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

Pharmacy Home

Some UnitedHealthcare Community Plan members will be assigned a pharmacy home (Lock-in). In this case, members must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at **1-877-542-9238**, TTY: 711. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

UnitedHealthcare Community Plan
Pharmacy Department
10895 Grandview Dr., Suite 200
Overland Park, KS 66210



Benefits

Benefits Covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at **1-877-542-9238**, TTY: 711, to ask questions about benefits. Covered services must be medically necessary.

Benefit	Services Included	Limitations
Alcohol and Chemical Dependency Services	Substance use disorder services in a treatment setting licensed by Kansas Department for Aging and Disability Services (KDADS). Services include both inpatient and outpatient services including medical detoxification.	Covered. Prior Authorization needed.
Allergy Services	Allergy services when billed with office visit are covered.	Covered.
Ambulance Services	Emergent and non-emergent transportation by an ambulance are covered services.	Covered.
Ambulatory Mental Health Services and Crisis Management	Includes twenty-four (24) hour access line, mobile crisis response, crisis stabilization and crisis management.	Covered.
Anesthesia	Anesthesia is covered with the medical services being performed.	Covered.
Behavioral Health Drugs and Medication Management	Evaluation, prescription, maintenance of psychotropic drugs, medication management, counseling, education and guidelines.	Covered.

Benefits

Benefit	Services Included	Limitations
Behavioral Health – Outpatient	Admission evaluations and assessments, outpatient therapy services including individual, group and family therapy. Medication Management and Targeted Case Management. For a complete list of covered services, please contact Member Services.	Covered. Some limitations apply.
Blood Transfusions	Blood transfusions, including autologous transfusions, are covered.	Covered.
Cancer-Related Treatment	Access to any related medically necessary service. This includes, but is not limited to, hospitalization, doctor services, other practitioner services, outpatient hospital services, chemotherapy and radiation, or hospice.	Covered.
Chronic Renal Disease/End Stage Renal Disease (ESRD)	Services related to Chronic Renal Disease. Example is dialysis for treating kidney disease.	Covered.
Diabetic Supplies	All diabetic supplies including, but not limited to, alcohol swabs, syringes, test strips and lancets. Diabetic supplies can be from a participating pharmacy.	Covered.
Diagnostic Tests	Lab/Pathology, radiology (X-rays, CT Scans, MRIs, etc.) and other diagnostic testing.	Covered. Some diagnostic tests require Prior Authorization and must always be medically necessary.
Dietary Services	Medically necessary dietary services.	Covered service for KAN Be Healthy Kids and must be as a result of a medical or dental screening referral.

Benefits

Benefit	Services Included	Limitations
Durable Medical Equipment and Supplies	Equipment and supplies for medical purpose. May include, but are not limited to: oxygen tanks and concentrators; ventilators; wheelchairs; crutches and canes; orthotic devices; prosthetic devices; pacemakers; enteral feeding; nutrition systems; diabetic supplies; and medical supplies.	Covered. Prior Authorization needed in some cases. Some limitations apply.
Emergency, Post-Stabilization and Urgent Care	For a medical emergency or urgent care. Post-stabilization is care after an emergency to keep you stable. You can get these services 24 hours a day, 7 days a week at any emergency room.	Covered anywhere in the USA.
Family Planning	Help to make informed choices and prevent unplanned pregnancy. You can go to any provider that offers these services. Also includes family planning drugs, supplies and devices. These include, but are not limited to, generic birth control pills, birth control shots, IUDs and diaphragms.	Covered. In-Vitro Services and Infertility Treatment Services are NOT covered.
Hearing Services	Includes diagnostic screening, preventive visits and hearing aids. Hearing aids, both analog and digital, are covered. Lost, broken or destroyed hearing aids will be replaced one time during a four-year time period with a Prior Authorization. Binaural hearing aids are covered but require specific medical necessity documents. Hearing Aid repairs. Hearing Aid batteries.	Covered. Prior Authorization needed. 1 routine visit every 12 months. 1 hearing aid per ear every 4 years. Covered. Covered but are limited to 6 per month for monaural and 12 per month for binaural.
HIV Testing and Counseling	HIV testing and counseling is covered.	Covered.

Benefit	Services Included	Limitations
Home and Community-Based Services (HCBS)	Including the following waivers: PD, TA, FE, Autism, TBI, SED and Money Follows the Person. All services that members are currently receiving remain covered services.	All HCBS services must be included on the member's Plan of Care/Prior Authorization.
Home Health Services	Services in the home include visits by Aides, Private Duty Nursing, Physical Therapy/ Occupational Therapy/Speech Therapy, Skilled Nursing, Social Workers and Home Infusion.	Covered. Some Home Health Services require Prior Authorization and may be subject to limitations.
Hospice Services	Hospice services are covered when they are ordered by a qualified doctor.	Patient must have a diagnosis of a terminal illness with a prognosis of living six (6) months or less.
Hospital – Behavioral Health Inpatient (BH)	Services include: <ul style="list-style-type: none"> • Psychiatric services. • Substance use disorder treatment. • Acute medical detoxification. 	Covered. Prior Authorization needed. Hospital must notify the Plan.
Hospital – Inpatient	Inpatient hospital care. Includes medical, surgical, post-stabilization, acute and rehabilitative services. Maternity services.	Covered. Hospital must notify the Plan. No less than 48 hours for a vaginal birth and no less than 96 hours for a cesarean section birth.

Benefits

Benefit	Services Included	Limitations
Immunizations	<p>Including:</p> <ul style="list-style-type: none"> • Hepatitis A and Hepatitis B. • Rotavirus. • Diphtheria. • Tetanus. • Pertussis. • HiB. • Meningococcal. • Polio. • MMR. • Varicella. • Influenza. • Pneumococcal. • HPV. 	Covered.
KAN Be Healthy Screenings	<p>KAN Be Healthy (KBH) is a Medicaid program for children, teenagers and young adults.</p> <p>Everyone who is 20 years of age or younger can take part in the KBH program.</p> <p>There are four KBH screens:</p> <ul style="list-style-type: none"> • KAN Be Healthy Medical — Your Body • KAN Be Healthy Dental — Your Teeth • KAN Be Healthy Vision — Your Eyes • KAN Be Healthy Hearing — Your Ears 	
Long-Term Care/ Nursing Facility Services	<p>You may stay in your current nursing home no matter which KanCare plan you are enrolled in.</p> <p>If you have qualified for Long-Term Care/Nursing Facility Services, please note that other benefits listed in this Handbook may not apply. You will need to review the <i>Long-Term Care/Home and Community-Based Services Supplement</i>.</p>	<p>Additional information can be found in the <i>Long-Term Care/Home and Community-Based Services Supplement</i>.</p> <p>Call Member Services.</p>

Benefit	Services Included	Limitations
Newborn Services	At least one home visit per member within 28 days after the birthdate of the newborn.	Covered.
Non-Emergency Transportation	Transportation to and from covered appointments if you qualify and have no other way to get there.	Covered. Prior Authorization required for more than 250 miles one way and/or if requesting meals and lodging. Contact LogistiCare with questions. Trips to the pharmacy are covered.
Nutritional Counseling	Nutritional Counseling.	Covered. Children age 0 to 20.
Outpatient and Physician Visits	Services at a hospital or care center when you stay less than a day. Routine and preventative care services including doctor visits, other provider visits, family planning, preventive services, clinic visits and specialists in addition to your designated source of primary care. Specialty Physician visits. Emergency Room visits including both hospital and physician charges.	Covered.
Outpatient Surgery	Services include, but are not limited to: Medically necessary surgeries are covered when performed in an ambulatory surgery center (ASC and Hospital ASC).	Covered. Some surgeries require Prior Authorization. Please work with your PCP.

Benefits

Benefit	Services Included	Limitations
Podiatry Services	Services shall include, but are not limited to, the treatment of conditions of the foot.	<p>Covered Service with Noted Limitations.</p> <ul style="list-style-type: none"> • For children (KAN Be Healthy), one (1) comprehensive visit per year. Allowed other services if medically necessary.
Pregnancy-Related Services	Maternity care is medical care you get for you and your baby. This will help your baby have the best chance to be strong and healthy. We cover all your OB services through your pregnancy. Services include pre- and post-natal care, tests, prenatal vitamins, doctor visits, and other services that impact pregnancy outcomes.	<p>Covered.</p> <p>The plan cannot limit a hospital stay to less than 48 hours following a normal delivery or 96 hours following a caesarean section.</p>
Prescription Drugs	<p>Drugs prescribed by your doctor that are on the Preferred Drug list or Formulary. This includes education about how to take the drugs.</p> <p>For more information, call Member Services at 1-877-542-9238 or visit our website at myuhc.com/CommunityPlan.</p>	<p>Covered.</p> <p>Prior authorization may be required.</p>
Preventative Services	Preventative services include mammograms, pap smears, colorectal screening exam and a prostate screening exam. This list is not all-inclusive of all services.	Standard age guidelines for these services applies.

Benefit	Services Included	Limitations
Rehabilitation	Includes physical, occupational, speech, language, breathing therapy and others.	<p>Covered.</p> <p>Must be restorative in nature for members 21 and over. For children 0 – 20 this is covered for restorative nature or can be related to an injury or acute episode.</p> <p>Not Covered: Acupuncture, Chiropractic/Spinal Manipulation, Massage Therapy.</p>
Screening, Diagnosis and Treatment of Sexually Transmitted Diseases	Screening, diagnosis and treatment of sexually transmitted diseases are covered.	Covered.
Services Provided by Mid-Level Practitioners	Includes Physician Assistants (PAs), Advanced Registered Nurse Practitioners (ARNPs), Nurse Anesthetists (CRNAs), and Nurse Midwives.	Covered.
Sleep Studies	Either an outpatient hospital setting or sleep study clinic.	Covered service for KAN Be Healthy Kids when medically necessary.
Smoking Cessation	<p>Programs to help you quit smoking and stay smoke-free. Services include medications and counseling.</p> <p>Call Member Services to help you find a stop smoking program.</p>	<p>Covered.</p> <p>Some limitations apply.</p>

Benefits

Benefit	Services Included	Limitations
Sterilization and Hysterectomies	<p>Services to prevent you from having children. The plan covers once requirements are met. Requirements include, but are not limited to:</p> <ul style="list-style-type: none"> • The member is at least twenty-one (21) years of age at the time of consent. • The member is mentally competent. • The member gives informed consent on the Required Consent Form. • At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. • Requirements of a sterilization is the correct completion of the Federally Mandated Sterilization consent form (a separate form is required when receiving a hysterectomy). 	<p>Covered.</p> <p>Exclusions: A hysterectomy is NOT covered:</p> <ul style="list-style-type: none"> • For the sole or primary purpose of rendering a member permanently incapable of reproducing. • If done for the purpose of cancer prevention.

Benefit	Services Included	Limitations
Vision Services	<p>Vision exams, prescription lenses, eyeglasses, cataract removal, and prosthetic eyes, if prescribed.</p> <ul style="list-style-type: none"> • One complete eye exam and one pair of glasses are covered for Members twenty-one (21) years of age and older, every year. Repairs shall be provided as needed. • Eyeglasses, repairs and exams as needed for Members under twenty-one (21) years of age. • Eye exams, as needed, for post-cataract surgery patients up to one year following the surgery and eyeglasses for post-cataract surgery Members when provided within one year following surgery. • Contact lenses and replacements are covered with prior approval, when ordered by a qualified health plan provider and when such lenses provide better management of some visual or ocular conditions than can be achieved with eyeglass lenses. • Artificial eyes are covered. 	Covered.
Weight Loss Surgery (Bariatric Surgery)	Members must meet several criteria prior to being approved for this procedure. For example, documentation of participation and failure in legitimate weight loss program.	<p>Prior Authorization required.</p> <p>Please contact Member Services for a complete list of requirements.</p>

Notes About Covered Benefits

There may be services that are not covered by UnitedHealthcare but are covered by the State of Kansas. If you have questions about a benefit that may be covered by the State, please contact KanCare Consumer Assistance at 1-866-305-5147.

UnitedHealthcare Community Plan will notify you of any terminations or changes in benefits at least 30 days before the intended effective date of the change. For more information, call Member Services at 1-877-542-9238, TTY: 711.

Additional Benefits

Dental benefits.

Benefit	Services Included
Dental – CHIP	Comprehensive benefit including preventive, diagnostic, restorative, prosthodontics, oral surgery and orthodontic.
Dental – Medicaid Children	Comprehensive benefit including preventive, diagnostic, restorative, prosthodontics, oral surgery and orthodontic.
Dental – Title 19 ICF/MR Adults Ages 21 and Over	Comprehensive benefit including preventive, diagnostic, restorative, prosthodontics and oral surgery.
Dental – Title 19 Adults Ages 21 and Over	Preventive and Medically Necessary Oral Surgery.
Dental – MFP Frail and Elderly (In Crisis)	Comprehensive benefit including preventive, diagnostic, restorative, prosthodontics, and oral surgery. Members believing that they are “in crisis” must contact their Care Coordinator to facilitate the “In Crisis” request and determination.
Dental – MFP Frail and Elderly (Not in Crisis)	Preventive and Medically Necessary Oral Surgery.

Orthodontic Services.

Orthodontic services require Prior Authorization (PA) and are covered only for eligible children with cases of severe orthodontic abnormality caused by genetic deformity (such as cleft lip or cleft palate) or traumatic facial injury resulting in serious health impairment to the beneficiary at the present time.

Behavioral Health Services.

Benefit	Services Included	Limitations
Attendant Care	Provided to individuals who would otherwise be placed in a more restrictive setting due to significant functional impairments resulting from an identified mental illness. This service enables the individual to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness.	Covered. Initial 2,000 units available without authorization. Prior Authorization required after units exhausted.
Intensive Care Coordination/Case Management	Services include case assessment, planning, outreach, ongoing monitoring and service coordination, including disease and self-management to promote illness management and recovery.	Covered. Initial 95 units of Target Case Management available without authorization. Prior Authorization required after units exhausted.
Intensive Outpatient	For the purpose of providing stabilization of substance use disorder as well as enabling the person to reside in the community or return to the community from a more restrictive setting.	Covered. Prior Authorization required.
Psychosocial Rehabilitation	Therapeutic day rehab social skill-building services, such as group skill-building activities that focus on development of problem-solving skills, medication education, and symptom management, that allows individuals to gain necessary social and communication skills.	Covered. Initial 1,000 units available without authorization. Prior Authorization required after units exhausted.

Note: You do not need a referral to see a Behavioral Health Provider.

UnitedHealthcare Community Rewards™

Make good health fun and rewarding. As a UnitedHealthcare Community Plan member, you may be eligible to join our Community Rewards program. It's an easy way to keep track of the healthy activities you may already be doing — or help build new healthy habits.

Kids ages 0 – 20, and adults ages 21 – 64 can earn points for healthy habits like:

- Daily activities: brushing teeth, eating healthy and getting a good night's sleep.
- Insurance activities: Using NurseLine, reading the welcome kit.
- Regular checkups: Annual well visits, flu shots, dental visits.
- Use your computer or smartphone to record healthy activities.
- Do something every day; points can really add up.
- Use your points to collect rewards. Choose from movie tickets, electronics, kitchen tools, exercise equipment and more.

It's that easy. The rewards are great. But creating healthy habits is the best reason of all to start today. Enroll at **UHCCCommunityRewards.com/KS**.

Rules & restrictions may apply. Rewards are based on participation.

Maintaining a Healthy Weight

- Our members can attend FREE Weight Watchers classes.

Disease and Care Management

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting. They can also help you with other things like weight loss, stopping smoking, making appointments with your doctor and reminding you about special tests that you might need.

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us at **1-800-672-2156** or **1-401-732-7373**.

Wellness Programs

UnitedHealthcare Community Plan has many programs and tools to help keep you and your family healthy, including:

- Classes to help you quit smoking.
- Pregnancy care and parenting classes.
- Nutrition classes.
- Well-care reminders.

To quit smoking, you can call the KanQuit Smoking Cessation Line at 1-800-784-8669

Your provider may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-877-542-9238, TTY: 711**.

For Moms-to-Be and Children

KAN Be Healthy.

KAN Be Healthy (KBH) is a program for children, teenagers and young adults from birth through age 20.

There are four KBH screens:

- KAN Be Healthy Medical — Your Body.
- KAN Be Healthy Dental — Your Teeth.
- KAN Be Healthy Vision — Your Eyes.
- KAN Be Healthy Hearing — Your Ears.

Stay well with regular KBH screens. KBH screens are encouraged for: Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, then each year from ages 3 through 20.

KBH screenings include physical, vision, hearing and dental assessments. KBH screenings follow the AAP Bright Futures Early and Periodic Screening, Diagnostic and Treatment Guidelines. They are an important tool in preventive care.

Having a baby?

When you think you are pregnant, contact the KanCare Clearing House at 1-800-792-4884. This will help ensure you get all the services available to you.

Benefits

Ask for a KBH screen when you call to set up an appointment. KBH helps you stay well by getting the care you need:

- Prescription and some over-the-counter medicines (with a prescription).
- Dietitian services.
- Rides to the doctor.
- Medical supplies and equipment with a prescription (such as tube feeding supplies).
- Help for children who are homebound due to long-term health issues.
- Counseling.
- Eye exams as needed.
- Eyeglasses and repairs (some limits apply).
- Hearing screens and hearing aids (some limits apply).
- Routine teeth cleaning and X-rays.
- Fluoride treatment (some limits apply).
- Sealants, fillings and teeth pulled.

Healthy First Steps™.

Our Healthy First Steps program makes sure that both mom and baby get good medical attention.

We will help:

- Get good advice on nutrition, fitness and safety.
- Get supplies, including breast pumps for nursing moms.
- Choose a doctor or nurse midwife.
- Schedule visits and exams.
- Arrange rides to doctor's visits.
- Connect with community resources such as Women, Infants and Children (WIC) services.
- Get care after your baby is born.
- Choose a pediatrician (child's doctor).
- Get family planning information.

Call us toll-free at **1-877-813-3417**, **TTY: 711**, Monday through Friday, from 7:00 a.m. to 6:00 p.m. Central time.

It's important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn't your first baby.

Baby Blocks™.

If you are pregnant, you can earn rewards with Baby Blocks. When you join, you get a gift card or cool gear for your baby. Then earn up to seven more rewards with doctor visits during pregnancy and your baby's first 15 months. You earn great rewards while both you and your baby get the care you need to stay healthy.

It's easy to get started.

1. Enroll at **UHCBabyBlocks.com**. Get appointment reminders by text or email.
2. Go to your appointments and record them at **UHCBabyBlocks.com**.
3. Choose your rewards for going to the doctor.

Keeping Kids Active.

We give children the chance to participate in healthy activities. This may be at a 4-H, the YMCA, or the Boys and Girls Clubs, and selected Kansas Recreation and Parks locations.

Neonatal Resource Services.

We want your baby to be healthy. Sometimes extra care is needed after the baby is born. Our Neonatal Resources Services (NRS) nurses will call you if your baby is in the Neonatal Intensive Care Unit (NICU). Using NRS is voluntary. It is part of your benefit plan. If your baby needs extra care, we are here for you.

Our NICU nurses have many years of experience. Your NICU nurse will:

- Answer questions about your delivery, and newborn care.
- Give information to help you make decisions.
- Work with the NICU facility to make sure you and your baby get the care you need.
- Help you make a plan for bringing your baby home and for any home care needs.
- Put you in touch with local resources and services.
- Review your benefits to make sure you are using all the services you can.

Smart Tools for Health.

- Members can go to **myuhc.com/CommunityPlan** to help manage their health. The site helps keep a health history. It educates on working with their doctor. They can also track future visits.
- Members can get smartphone applications, like **Health4Me**. These help them track health goals and find a doctor.
- Community Services Connect — A program on the Internet. The program helps members find services close to where they live.
- Lifeline — Some members may be able to participate in a government benefit program that provides discounts on monthly telephone service for eligible low-income consumers. Visit the website at **www.lifelinesupport.org** or call **1-888-641-8722**.

Benefits

Sesame Street.

- “A is for Asthma” — A program from Sesame Street. It teaches kids and parents about the best ways to live with asthma.
- “Sesame Street Food for Thought Program” — A program to help families eat better. The program teaches families with children between ages 2 and 8 how to buy healthy food.
- “Sesame Street Healthy Habits” — Learn from Sesame Street friends on going to the doctor.

Dr. Health E. Hound® program.

Dr. Health E. Hound loves to travel around Kansas and meet kids of all ages. He hands out flyers, posters, stickers and coloring books that remind kids to eat healthy foods and to exercise. He also helps kids understand that going to the doctor is one way to stay healthy. His goal is to teach your kids about fun ways to stay fit and healthy.

You and your family can meet Dr. Health E. Hound at some of our events. Come to an event and learn about healthy eating and exercise.

Dr. Health E. Hound also sends birthday cards to remind kids and parents how to be healthy.

Behavioral Health.

- Peer Coaches Program — Matches someone who is well with someone who requires mental health or substance use disorder services. The program helps the person in the hospital plan discharge and prevent going back to the hospital.
- Mental Health First Aid Program — Teaches caregivers how to help persons with mental health needs.



Other Plan Details

Finding a Network Provider

We make finding a network provider easy. To find a network provider or a pharmacy close to you:



Visit **myuhc.com/CommunityPlan** for the most up-do-date information.
Click on “Find a Provider.”



Call Member Services **1-877-542-9238**, TTY: **711**. We can look up network providers for you.
Or, if you’d like, we can send you a Provider Directory in the mail.

Provider Directory

You have a directory of providers available to you in your area. The directory lists names, addresses, phone numbers, professional qualifications, specialty and board certification status of our in-network providers.

Provider information changes often. Visit our website for the most up-to-date listing at **myuhc.com/CommunityPlan**. You can view or print the provider directory from the website, or click on “Find a Provider” to use our online searchable directory.

If you would like a printed copy of our directory, please call Customer Service at **1-877-542-9238**, TTY: **711**, and we will mail one to you.

Interpreter Services and Language Assistance



If you have trouble hearing, you can get help by phone. Call the TTY Service at TTY: 711. Ask them to call Member Services at 1-877-542-9238. They will connect you to us. **When scheduling an appointment with your doctor,** ask your doctor's office to contact our Provider Services Center at 1-877-542-9235. They can set up the TTY service to use during your visit.



If you don't speak English, you can get help by phone. Call the Member Services Center at 1-877-542-9238. They can let you speak to someone in your language. **When scheduling an appointment with your doctor,** ask your doctor's office to contact our Provider Services Center at 1-877-542-9235. The Center will provide a person speaking your language on the phone to help you talk to the doctor.



If you need materials in another language or format. We can get you materials in a language or format that is easier for you, including large print, Braille or audio tapes. Call the Member Services Center at 1-877-542-9238.



If you want more information. For further details on TTY, interpretation services and much more, visit our website at myuhc.com/CommunityPlan.

Spanish (Español):



Si tiene problemas de audición, puede obtener ayuda por teléfono. Llame al Servicio de TTY al TTY 711. Pídale que llamen a Servicios para Miembros al 1-877-542-9238. Lo conectarán a nosotros. **Cuando programe una cita con su doctor,** pídale en el consultorio de su doctor que se pongan en contacto con nuestro Centro de Servicios para Proveedores al 1-877-542-9235. Ellos pueden configurar el servicio TTY para usar durante su visita.



Si usted no habla inglés, puede obtener ayuda por teléfono. Llame al Centro de Servicios para Miembros al 1-877-542-9238. Ellos pueden dejarle hablar con alguien en su idioma. **Cuando programe una cita con su doctor,** pídale en el consultorio de su doctor que se pongan en contacto con nuestro Centro de Servicios para Proveedores al 1-877-542-9235. El Centro proporcionará una persona que habla su idioma en el teléfono para ayudarle a hablar con el doctor.







Si necesita materiales en otro idioma o formato. Podemos conseguirle los materiales en un idioma o formato que sea más fácil para usted, incluyendo letra grande, Braille o en cintas de audio. Llame al Centro de Servicios para Miembros al 1-877-542-9238.







Si quiere más información. Para más detalles sobre TTY, servicios de interpretación y mucho más, visite nuestro sitio web en myuhc.com/CommunityPlan.

Vietnamese (Tiếng Việt):

-  **Nếu gặp khó khăn về thính lực, quý vị có thể được giúp đỡ qua điện thoại.** Gọi Dịch Vụ TTY theo số TTY 711. Yêu cầu họ gọi Dịch Vụ Hội Viên theo số 1-877-542-9238. Họ sẽ kết nối quý vị đến chúng tôi. **Khi lấy hẹn với bác sĩ của quý vị,** yêu cầu văn phòng bác sĩ của quý vị liên lạc với Trung Tâm Dịch Vụ cho Nhóm Chăm Sóc của chúng tôi theo số 1-877-542-9235. Họ có thể sắp xếp dịch vụ TTY để sử dụng trong lần khám.
-  **Nếu không nói tiếng Anh, quý vị có thể được giúp đỡ qua điện thoại.** Trung Tâm Dịch Vụ Hội Viên theo số 1-877-542-9238. Họ có thể cho quý vị nói chuyện với một người nói được ngôn ngữ của quý vị. **Khi lấy hẹn với bác sĩ của quý vị,** yêu cầu văn phòng bác sĩ của quý vị liên lạc với Trung Tâm Dịch Vụ cho Nhóm Chăm Sóc của chúng tôi theo số 1-877-542-9235. Trung Tâm sẽ cung cấp một người nói được ngôn ngữ của quý vị và giúp qua điện thoại để quý vị nói chuyện với bác sĩ của mình.
-  **Nếu quý vị cần các tài liệu bằng ngôn ngữ hoặc dạng khác.** Chúng tôi có thể cung cấp cho quý vị tài liệu bằng ngôn ngữ hoặc dạng nào dễ dàng cho quý vị, kể cả chữ in to, chữ Braille hoặc băng thêu âm. Trung Tâm Dịch Vụ Hội Viên theo số 1-877-542-9238.
-  **Nếu quý vị muốn thêm thông tin.** Để biết thêm chi tiết về TTY, dịch vụ thông dịch và nhiều dịch vụ khác, xin viếng mạng lưới của chúng tôi tại myuhc.com/CommunityPlan.

German (Deutsch):

-  **Wenn Sie Hörprobleme haben, können Sie telefonisch Hilfe erhalten.** Rufen Sie den TTY-Dienst unter TTY 711 an. Bitten Sie um einen Anruf beim Mitglieder-Service unter 1-877-542-9238. Man wird Sie mit uns verbinden. **Wenn Sie mit Ihrem Arzt einen Termin vereinbaren,** bitten Sie seine Praxis, sich mit unserem Provider Services Center unter 1-877-542-9235 in Verbindung zu setzen. Dort kann man für die Dauer ihres Arztbesuchs den TTY-Dienst einrichten.
-  **Wenn Sie nicht Englisch sprechen, können Sie telefonisch Hilfe erhalten.** Rufen Sie das Member Services Center unter 1-877-542-9238 an. Sie bekommen einen Ansprechpartner, der Ihre Sprache spricht. **Wenn Sie mit Ihrem Arzt einen Termin vereinbaren,** bitten Sie seine Praxis, sich mit unserem Provider Services Center unter 1-877-542-9235 in Verbindung zu setzen. Über das Center bekommen Sie einen telefonischen Ansprechpartner, der Ihre Sprache spricht und Sie beim Gespräch mit Ihrem Arzt unterstützt.
-  **Wenn Sie Material in einer anderen Sprache oder einem anderen Format benötigen.** Sie erhalten von uns Material in einer Sprache oder einem Format, mit der bzw. dem Sie besser zurechtkommen, etwa Großdruck, Blindenschrift oder Tonbänder. Rufen Sie das Member Services Center unter 1-877-542-9238 an.
-  **Wenn Sie weitere Informationen wünschen.** Weitere Einzelheiten zu TTY, Dolmetschdiensten und vielem mehr finden Sie auf unserer Website unter myuhc.com/CommunityPlan.

Other Plan Details

French (Français) :



Si vous avez des difficultés d'audition, nous pouvons vous aider par téléphone.

Appelez le service TTY au TTY 711. Demandez à l'opérateur d'appeler le Service membres au 1-877-542-9238. L'opérateur vous mettra en contact avec nous. **Lorsque vous prenez un rendez-vous chez votre médecin**, demandez au cabinet de votre médecin de contacter notre Centre de services réservés aux prestataires (Provider Services Center) au 1-877-542-9235. Le service TTY peut être mis en place et utilisé au cours de votre visite.



Si vous ne parlez pas anglais, nous pouvons vous aider par téléphone.

Appelez le Centre du service membres au 1-877-542-9238. Le Centre peut vous mettre en contact avec une personne qui parle votre langue. **Lorsque vous prenez un rendez-vous chez votre médecin**, demandez au cabinet de votre médecin de contacter notre Centre de services réservés aux prestataires (Provider Services Center) au 1-877-542-9235. Le Centre fera intervenir au téléphone une personne qui parle votre langue pour faciliter votre conversation avec le médecin.



Si vous avez besoin de documentation dans une autre langue ou un autre format.

Nous pouvons vous envoyer de la documentation dans une langue ou un format qui vous soit mieux adapté, y compris en gros caractères d'imprimerie, en Braille ou sous forme de bandes audio. Appelez le Centre du service membres au 1-877-542-9238.



Si vous voulez obtenir de plus amples renseignements. Pour en savoir plus sur le service TTY, les services d'interprétariat et bien d'autres sujets, consultez notre site Web à l'adresse myuhc.com/CommunityPlan.

Chinese (中文) :



若您有聽力障礙，可透過電話獲取幫助。請撥打 TTY 711 致電聽障專線 (TTY)

服務。要求他們撥打 1-877-542-9238 致電會員服務。他們會幫助您與我們聯絡。
與您的醫生安排預約時，請您的醫生辦公室撥打 1-877-542-9235 聯絡我們的提供者服務中心。他們可安排您就診期間要使用的 TTY 服務。



若您不會說英文，您可透過電話獲取幫助。請撥打 1-877-542-9238 聯絡會員

服務中心。他們可以安排一位與您講相同語言的人士和您溝通。**與您的醫生安排預約時**，請您的醫生辦公室撥打 1-877-542-9235 聯絡我們的提供者服務中心。
中心將安排一名與您講相同語言的人士接聽電話，幫助您與醫生交談。



若您需要其他語言或格式的材料。我們可為您提供更容易閱讀的語言或格式的材料，包括大字版本、盲文或錄音帶。請撥打 1-877-542-9238 聯絡會員服務中心。



若您想獲得更多資訊。關於 TTY、口譯服務及更多其他服務的進一步詳情，請造訪我們的網站：myuhc.com/CommunityPlan

If You Get a Bill for Services

Hospitals and doctors cannot bill members for covered services. If you get a bill, call Member Services at **1-877-542-9238, TTY: 711**.

Keep a copy of the bill for yourself. We will review these bills to make sure the services are covered benefits. If they are covered, we will pay the health care provider right away. Call Member Services at **1-877-542-9238, TTY: 711**, with any questions.

Other Health Insurance (Coordination of Benefits – COB)

If you or anyone in your family has other health insurance, you must call Member Services and tell us about it. For example, if you have a health plan at work or if your children have insurance with their other parent, call Member Services.

If you have other insurance, UnitedHealthcare Community Plan and your other plan will share the cost of your care. This is called **Coordination of Benefits**. Together, both plans will pay no more than 100% of the bill.

If we pay the full bill and another party should pay part, we will contact the other plan. For example, if you are hurt in a car accident, auto insurance may pay some of your bills. You will not get a bill for covered services. We get the bill. If you get the bill by mistake, call **Member Services at 1-877-542-9238, TTY: 711**.

Updating Your Information

To ensure that the personal information we have for you is correct, please tell us if and when any of the following changes:

- Marital status.
- Address.
- Member name.
- Phone number.
- You become pregnant.
- Family size (new baby, death, etc.).
- Other health insurance.

Please call Member Services at **1-877-542-9238**,

TTY: 711, if any of this information changes.

UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information.

Other insurance.

If you have any other insurance, call Member Services and let us know.

- If you are a KanCare member, your other health insurance will have to pay your health care bills first.
- When you get care, always show both member ID cards (for UnitedHealthcare Community Plan and your other insurance).

Your Opinion Matters

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are many ways you can tell us what you think.

- Call Member Services at **1-877-542-9238**, **TTY: 711**.
- Write to us at:

UnitedHealthcare Community Plan
10895 Grandview Dr., Suite 200
Overland Park, KS 66210

Member Advisory Committee.

We also have a Member Advisory Committee who meets every three months. If you'd like to join us, call Member Services.

Informed Consent

Consent means you say “yes” to treatment. Informed consent means:

- The treatment was explained to you and you understand.
- You say yes before getting any treatment.
- You may need to say yes in writing.
- If you do not want the treatment, your PCP will tell you about other options.
- You have the right to say yes or no.

Privacy of Records

UnitedHealthcare Community Plan takes privacy issues and laws seriously. Safeguards are in place to protect information about you. We don’t share private information without your written okay unless there is a legal reason.

How We Pay Our Providers

UnitedHealthcare Community Plan pays our network PCPs, specialists, hospitals and all other types of providers every time they see one of our members. This is known as fee-for-service. If you have any questions on provider reimbursements or incentive programs, you can call Member Services at **1-877-542-9238, TTY: 711**.

KanCare Ombudsman

The KanCare consumer Ombudsman is available to help consumers who receive long-term care and home and community-based services through KanCare with their rights and responsibilities. The Ombudsman can help you:

- When you need help with a concern or filing a grievance.
- When you need help with a problem you can’t solve by speaking with your KanCare plan.
- When you do not think that you are getting the care that you need.
- When you feel your rights are being violated.

Call this toll-free number to reach the KanCare Ombudsman: 1-855-643-8180.

Utilization Management

UnitedHealthcare Community Plan does not want you to get too little care or care you don't need. We also have to make sure that the care you get is a covered benefit. Decisions about care are based only on appropriateness of care and coverage. We use a process called utilization management (UM). It helps us make sure you get the right care, at the right time and in the right place.

Only doctors and pharmacists do UM. We do not reward anyone for saying no to needed care. We do not give incentives to our reviewers for decisions that result in not enough care. If you have questions about UM, talk to our Medicaid Case Management staff. Call during normal business hours. TTY: 711 and language help are available.

Quality Program

Our Quality program can help you stay healthy by working with your doctor. It reminds you to get preventive tests and shots. We send reminders to you and your providers. These include lead tests, Pap tests, mammograms and shots to prevent diseases like polio, mumps, measles and chickenpox.

UnitedHealthcare Community Plan uses HEDIS® standards to help measure how we are doing with our quality program. HEDIS gives performance scores to help people compare managed care plans. HEDIS studies many areas, such as prenatal care and disease prevention.

UnitedHealthcare Community Plan wants to make sure you are happy with the services you get from your doctor and from us. To do this, we look at CAHPS® data. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. This survey asks questions to see how happy you are with the care you get. If you get a member survey in the mail, please fill it out and return it to us.

UnitedHealthcare Community Plan looks at the results of HEDIS and CAHPS. Then we share the results with our providers. We work with providers to make sure services add to your health care in a positive way.

If you want to know more about the Quality program, call Member Services at **1-877-542-9238**, TTY: 711.

Safety and Protection From Discrimination

Patient safety is very important to us. Although we do not direct care, we want to make sure that our members get safe care. We track quality-of-care, develop guidelines on safe care and give information on patient safety. We also work with hospitals, doctors and others to improve coordination between sites of care. If you want more information, call Member Services at **1-877-542-9238, TTY: 711**.

UnitedHealthcare Community Plan and its providers may not discriminate due to age, race, ethnicity, sex or religion. UnitedHealthcare Community Plan providers must follow the Americans with Disabilities Act. They may not discriminate on the basis of health or mental health, need for health care or pre-existing conditions. If you think you have been subject to any form of discrimination, call Member Services at **1-877-542-9238, TTY: 711**, immediately.

Clinical Practice Guidelines and New Technology

UnitedHealthcare Community Plan gives our providers clinical guidelines. These have information on the best way to provide care for some conditions. Each guideline is a standard of care in the medical profession. This means other doctors agree with that approach.

If you have any questions about UnitedHealthcare Community Plan's clinical guidelines or would like a copy of a guideline, call Member Services at **1-877-542-9238, TTY: 711**. You can also find the clinical guidelines on our website at myuhc.com/CommunityPlan.

New Technology Assessment.

Some medical practices and treatments are not yet proven to be effective. New practices, treatments, tests and technologies are reviewed nationally by UnitedHealthcare Community Plan to decide on coverage. They are reviewed by a committee of UnitedHealthcare Community Plan doctors, nurses, pharmacists and guest experts. They make the final decision about coverage. If you want more information, call us at **1-877-542-9238, TTY: 711**.

Advance Directives

You have the right to make care decisions even when you can't speak for yourself. You can do this by making an Advance Directive. This is a written or oral statement that is made and witnessed in advance of illness or injury. It tells others how you want health care decisions made when you are not able to make them yourself.

Kansas law allows two types of Advance Directives:

1. Living Will.
2. Durable Power of Attorney for Health Care Decisions.

You can find information and forms on Advance Directives on our website. Visit <http://www.uhccommunityplan.com/ks/medicaid/community-plan/member-information.html>. Click on Advance Directive/Power of Attorney Forms. You will find a link to the State of Kansas website with details.

Living Wills.

A Living Will states the kind of health care you want or do not want if you are not able to make your own decisions. It is called a Living Will because it takes effect while you are still living. You may wish to talk to a lawyer or provider to be sure your wishes are clear.

The Kansas Natural Death Act, K.S.A. 65-28,101, et seq. says adults have the right to control decisions for their own medical care. This includes the right to withhold treatment in case of a terminal condition. Any adult may make a Living Will. A Living Will must be:

1. In writing.
2. Dated and signed by the adult making the declaration.
3. Signed by two adult witnesses or notarized.

The law says that relatives by blood or marriage, heirs or people who are responsible for paying for the medical care may not be witnesses. It says the Living Will has no effect during pregnancy.

The will may be revoked in three ways:

1. Destroy the declaration.
2. Sign and date a written revocation.
3. Speaking an intent to revoke in front of an adult witness. The witness must sign and date a written statement that the will was revoked.

Before the Living Will becomes effective, two doctors must state that the patient has a terminal condition. The **Kansas Natural Death Act** outlines doctor duties. It provides for penalties for violations of these laws.

Durable Power of Attorney.

A Durable Power of Attorney for Health Care lets you name someone to make medical decisions if you cannot speak for yourself. This can include decisions about life support. The person you appoint is called an agent. He or she can speak for you at any time you are unable to make your own decisions, not just at the end of your life. The Power only takes effect when the adult is disabled unless it states that it should take effect earlier. The document can also state any treatment you want to avoid.

You can access forms for a Durable Power of Attorney in Kansas by visiting:
www.ksre.ksu.edu/bookstore/pubs/mf2816.pdf.

The Durable Power of Attorney may give the agent any or all of these rights:

1. To consent or to refuse consent to medical treatment.
2. To make decisions about donating organs, autopsies and disposition of the body.
3. To arrange for hospital, nursing home or hospice care.
4. To hire or fire doctors and other health care providers.
5. To sign releases and get information about the patient.

The Power may not give the agent the power to revoke the adult's Living Will under the Kansas Natural Death Act. A health care provider treating an adult may not be that person's agent, except in some cases.

The Durable Power of Attorney should be:

1. In writing.
2. Signed by the adult making the statement.
3. Dated.
4. Signed by two adult witnesses or notarized.

Relatives by blood or marriage, heirs or people who are responsible for paying for the medical care may not serve as witnesses.

At the time the Power is written, the adult should state how the Power may be revoked.

Questions About Advance Directives

Can I change my mind after I write a Living Will or a Durable Power of Attorney?

Yes, you may change or cancel these documents at any time. The desires of a patient always supersede the declaration. A competent patient can revoke his or her Living Will at any time. If a patient is incompetent, the declaration will be presumed to be valid.

Other Plan Details

What should I do with my Advance Directive?

Make sure that someone such as a provider, attorney or relative knows that you have an Advance Directive. Tell them where it is located. Consider:

- If you have made a Durable Power of Attorney, give a copy of it to that person.
- Give a copy of your Advance Directive to your provider.
- Keep a copy of your Advance Directive in a place where it can easily be found.
- Keep a card in your purse or wallet stating that you have an Advance Directive and where it is located.
- If you change your Advance Directive, make sure your provider, attorney and/or relative has the latest copy.

How can I make an Advance Directive?

You can talk with your doctor, attorney or go to myuhc.com/CommunityPlan. Our website has Advance Directive forms you can download.

Does my doctor have to follow my Advance Directive?

Yes. You have a right to choose a new provider if the one you have cannot honor your Advance Directive wishes due to objections of conscience. For more information, ask those in charge of your care or call Member Services.

If you think your provider is not following Advance Directive laws and rules, you may file a complaint. Call the Consumer Complaint Hotline toll-free at **1-800-324-8680**. You may also file a complaint with the DOH, Office of Health Care Assurance at 1-808-692-7227.

Do I have to write an Advance Directive under Kansas law?

No. If you have not made an Advance Directive, health care decisions may be made for you.

Psychiatric Advance Directive.

This lets you say what psychiatric or substance use care you want if you cannot make decisions. It can say who you want to have power of attorney for your health care. It can say what treatments or drugs you would allow when you can't make decisions.

Give your provider a copy of this form. They will share it with other providers who care for you. Some states do not accept the Psychiatric Advance Directive. Here is the link to access forms by state.

- Advance Directives <http://www.nrc-pad.org/>

Fraud and Abuse

It is a criminal act to knowingly get KanCare coverage with false information. It is also against the law:

- To help someone else get KanCare coverage with false information.
- To misrepresent or conceal any fact that would cause KanCare to provide coverage when a person is not eligible.
- To get or help someone get more benefits than they should get.
- For a person or business to make a false statement about a person's health or eligibility for insurance.

Penalties range from paying back KanCare and UnitedHealthcare Community Plan to jail time. Providers can be banned from the KanCare program, as well as other penalties.

Some examples of fraud and abuse are:

- Billing or charging you for services your plan covers.
- Offering you gifts or money to get care.
- Offering you free services, equipment or supplies in exchange for your KanCare Member ID number.
- Giving you care you don't need.
- Using another person's UnitedHealthcare Community Plan ID Card.

If you suspect provider fraud or abuse, call UnitedHealthcare Community Plan's hotline at 1-877-766-3844. You do not have to give your name. If you do give your name, the provider will not be told you called.

If you would like to contact the State of Kansas, call **Fraud Control** at 1-785-368-6220.

Lock-In Education.

Members who qualify for Lock-In will be referred to a care coordinator (CC). The CC will educate the member for 3 months on proper use of health care services. The CC will also refer the member to other support services. After this education, the member's use of services and/or behaviors will be reviewed to decide on placement in the Lock-In Program.

Lock-In Enrollment.

The Lock-In Program means the member must see one Lock-In Primary Care Provider (PCP). The PCP provides and/or directs care to specialists. Lock-in members must use one hospital for all non-urgent care. They must use one pharmacy for all medications. Initial Lock-In is for 24 months. This may be extended.

Other Plan Details

A member may be placed in the Lock-In Program for any of the following reasons:

1. Abusive or threatening conduct, such as threats of harm to staff or providers.
2. Fraud or abuse of medical benefits.
3. Persistent non-compliance or overuse of services.
4. Upon request from KDADS or KDHE.

Lock-In Disenrollment.

When a member has completed 24 months in the Lock-In Program, their case will be reviewed. The Lock-In Committee may release the member from the Lock-In Program if behaviors have been corrected.

The member will be sent an “End Placement” letter giving the date of release from the Lock-In Program.

Reporting Abuse, Neglect and Exploitation.

Reports of Abuse, Neglect and Exploitation of an adult or child may be made to the Kansas Protection Report Center. Go online at <http://www.dcf.ks.gov/services/pps/Pages/KIPS/KIPSWebIntake.aspx> or call 1-800-922-5330.

Member Rights and Responsibilities

If you have any questions, call us at 1-877-542-9238, TTY: 711.

Members have the right to:

- Get information about UnitedHealthcare Community Plan, our services, our providers and member rights and responsibilities.
- Be treated with respect, dignity and privacy by UnitedHealthcare Community Plan staff and providers. Treatments and tests must be kept private.
- Voice concerns about your care, file grievances and appeals about your plan or care and get timely responses.
- Get information on care options in a way that you can understand, regardless of cost or coverage.
- Work with your doctor and other caregivers to make decisions about care. This includes the right to refuse treatment.
- Be informed of, and refuse, any experimental treatment.
- Have decisions on coverage and claims done by regulatory standards.
- Make an advance directive to say the care you want if you cannot state your wishes.

- Be free from any form of restraint or seclusion used for coercion, discipline, convenience, retaliation or abuse or neglect.
- Get a copy of your medical records. Ask that they be amended.
- Use any hospital or facility for emergency care.
- Refuse any care you object to on religious grounds.
- Give your ideas for the rights and responsibilities of members.
- Get notice at least 30 days in advance of any significant change to the health plan procedures.

Members have the responsibility to:

- Be aware of your health issues. Set goals for treatment.
- Know your benefits before getting treatment.
- Contact a health care provider when you have a medical need.
- Show your ID Card before you get care.
- Check that your provider is in the UnitedHealthcare Community Plan network.
- Learn about UnitedHealthcare Community Plan procedures.
- Use ER services only for injury or illness that, if not treated right away, could pose a serious threat to your life or health.
- Keep all your appointments.
- Provide the information that is needed for your care.
- Follow the instructions of your providers.
- Notify Member Services of a change in address, family status or other coverage information.
- Notify Member Services if your ID Card is lost or stolen.
- Notify UnitedHealthcare Community Plan if you have a Workers' Comp claim, a personal injury or malpractice law suit, or have been in a car accident.
- Never give your ID Card to someone else to use.

Grievances, Appeals and State Fair Hearings

If you have any questions about grievances, appeals or State Fair Hearings, call us at 1-877-542-9238, TTY: 711.

What is a Grievance?

A grievance is when you are unhappy about any matter other than an Action. A member must file a grievance within 180 days. You may file a grievance if you do not agree with a decision made by UnitedHealthcare.

Here are some examples:

- You are unhappy with the quality of your care.
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor.
- You cannot get culturally competent care.
- You got a bill for a service that should be covered by UnitedHealthcare Community Plan.
- Rights and dignity.
- Any other issues about access to care.

What should I do if I have a Grievance?

You may file a grievance if you disagree with a decision made by UnitedHealthcare Community Plan. You or someone acting for you can file the grievance. Calling or write to UnitedHealthcare Community Plan. Call **1-877-542-9238, TTY: 711** or write to:

Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

If you need help, call Member Services at **1-877-542-9238, TTY: 711**.

If someone else is going to file for you, we need your written permission. If you are a person with disabilities, you may call UnitedHealthcare Community Plan at **1-877-542-9238, TTY: 711** to file a grievance. We will review your grievance. We will send our decision within 30 days of getting your grievance. We will send you a letter with the decision.

What is an Appeal?

An appeal is when you ask for a review of an Adverse Action. An Action is when we:

- Deny or limit a service you want.
- Reduce, suspend or terminate payment for a service you are getting.
- Fail to authorize a service in the required time.
- Fail to respond to a grievance or appeal in the required time.

How do I file an Appeal with UnitedHealthcare Community Plan?

You or someone acting for you can file an appeal. Calling or write to UnitedHealthcare Community Plan. Call **1-877-542-9238, TTY: 711** or write to:

Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

You must file your appeal within 30 days from the date of the Notice of Action. If you need help, call Member Services at **1-877-542-9238, TTY: 711**.

If someone else is going to file for you, we need your written permission.

If you file an appeal, we will send you a letter within 5 business days telling you that we got your appeal.

We will review your appeal. We will send you a decision within 30 business days of getting the appeal. The letter will tell the reason for our decision. We will tell you what to do if you don't like the decision. This letter will be a Notice of Action. When your appeal is decided, we will send you a written Notice of Appeal Resolution. This will have the date that the appeal was decided. It will say why we made the decision and how you can look over the reason for decision.

If your appeal is ruled in your favor, we will pay for those services.

Continuation of care.

You can ask for services to continue during the appeal even if you are on a KanCare waiver program. Waiver benefits continue until a decision is made if the member or their representative files an appeal for waiver benefits within 33 days of the date of the Notice of Action. For non-waiver members, benefits continue until a decision is made only if the member or their representative asks for the benefits to be continued within 10 days from the date of the Notice of Action or before the Notice of Action says your services will end. Services must have been ordered by an approved provider.

Other Plan Details

HCBS Appeals.

If your appeal about a reduction in HCBS waiver benefits is denied, you will not have to repay UnitedHealthcare Community Plan for the service(s) continued during the appeal, unless fraud is present.

What can I do if I need immediate care?

If you or your doctor wants a fast decision because your health is at risk, call Member Services at **1-877-542-9238, TTY: 711** for an expedited review. UnitedHealthcare Community Plan will call you with our decision within 3 business days of getting your request. This time may be extended up to 14 days if you ask for this or if we show a need for more information and the delay is in your interest. Extensions are approved by the State of Kansas. You will get a notice of the reason for the extension if it is approved.

You will get a letter with our decision and the reason for our decision. We will tell you what to do if you don't like the decision.

How do I file a State Fair Hearing request?

You or your representative can ask the Kansas Office of Administrative Hearings to review UnitedHealthcare Community Plan's decision by asking for a State Fair Hearing.

- If you wish to ask for a State Fair Hearing **instead of** a UnitedHealthcare Community Plan appeal **or at the same time as** the UnitedHealthcare Community Plan appeal, the Kansas Office of Administrative Hearings must get your request within 33 days of the date of the Notice of Adverse Action.
- If you wish to ask for a State Fair Hearing **after** UnitedHealthcare Community Plan has decided your appeal, the Kansas Office of Administrative Hearings must get your request within 33 days after the date of the letter advising you of the appeal outcome.
- There are three ways to ask for a State Fair Hearing:
 1. Call UnitedHealthcare Community Plan at **1-877-542-9238, TTY: 711**;
 2. Send a letter to UnitedHealthcare Community Plan at:
UnitedHealthcare Community Plan
Appeal Department
P.O. Box 31364
Salt Lake City, UT 84131; or
 3. Complete the Request for Administrative Hearing form found online at **www.oah.ks.gov/request.htm** and mail it to:
Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, KS 66612

How Do I Request Disenrollment From My Plan?

Disenrollment.

You may ask to disenroll from UnitedHealthcare Community Plan with or without cause by calling Member Services at **1-877-542-9238**. KanCare program procedures must be followed for all disenrollment requests. Your disenrollment must be allowed on the state Enrollment file. A request for disenrollment must be directed to KanCare either orally or in writing. We will ensure your right to disenroll is not restricted in any way.

You may request disenrollment **without cause** at the following times:

- During your initial 90-day enrollment period.
- During the annual open enrollment.

You may request disenrollment **with cause** at any time. The State will decide if a member should be disenrolled if:

- You need related services to be performed at the same time and not all related services are available within the network and your PCP or another provider determines receiving the services separately would subject you to unnecessary risk.
- Poor quality of care, lack of access to services covered under the plan, or lack of access to providers experienced in dealing with the member's health care needs.
- You transfer to a Medical eligibility category not included in benefits.
- You no longer reside in the State of Kansas.
- You no longer qualify for medical assistance under Medicaid.
- UnitedHealthcare Community Plan does not, because of moral or religious objections, cover the service you want.
- You are placed in an adult or juvenile correctional facility.

Glossary/Important Terms

Abuse: Harming someone on purpose. (This includes yelling, ignoring a person's need and improper touching.) For a complete definition of abuse, see State and Federal regulations.

Advance Directive: A decision you make ahead of time about your health care in case you cannot speak for yourself. This will let your family and doctors know what decisions you would make.

Appeal: A request for a review of an Action.

Authorization: An okay or approval for a service.

Benefits: The services, procedures and medications UnitedHealthcare Community Plan will cover for you.

Clinical Case Management: One-on-one help by a nurse to help with health problems and UnitedHealthcare Community Plan benefits.

Disenrollment: To stop your membership in UnitedHealthcare Community Plan.

Emergency: A sudden change in a person's physical or mental state that may result in:

1. The loss of life or limb,
2. Severe harm to a bodily function, or
3. Permanent damage to a body part.

Fraud: An untruthful act. (Example: if someone uses your ID Card and pretends to be you.)

Grievance: A statement of dissatisfaction about any matter other than an Action.

Health Information: Facts about your health and care. This may come from UnitedHealthcare or a provider. It may be about your physical or mental health or payment for care.

ID Card: An identification card that says you are a UnitedHealthcare Community Plan member. You should have this card with you at all times.

Immunization: A shot that protects from a disease. Children need shots at certain ages. These are often given during regular doctor visits.

Informed Consent: A statement that you agree to medical treatment and understand the benefits, risks and side effects.

In-Network: Doctors, specialists, hospitals, pharmacies and other providers who have an agreement with UnitedHealthcare Community Plan to give care to members.

Inpatient: When you are admitted to a hospital. Or services you get after being admitted to a hospital.

Primary Care Provider (PCP): The doctor who takes care of most of your health needs.

Medically Necessary: This means a service that:

1. Is to prevent, diagnose or treat a physical or mental illness or injury; foster proper development, minimize a disability or maintain or regain function.
2. Cannot be omitted without adversely affecting the condition or the quality of medical care.
3. Is given in the most appropriate setting.

Member: A person enrolled in KanCare with UnitedHealthcare Community Plan.

Out-of-Network: Doctors, specialists, hospitals, pharmacies and other providers who do not have an agreement with UnitedHealthcare Community Plan to give care to members.

Outpatient: When you have care that does not need an overnight hospital stay.

Prescription: A doctor's written instructions for drugs or treatment.

Provider or Practitioner: A person or facility who offers care. (This may be a doctor, pharmacy, dentist, clinic, hospital, etc.)

Provider Directory: A list of providers who work with UnitedHealthcare Community Plan to take care of your health needs.

Prior Authorization: The process your doctor uses to get approval for services.

Referral: When your PCP sends you to a network specialist.

Self-Referred Services: Services for which you do not need to see your PCP for a referral.

Special Needs Unit (SNU): A service to help you use your benefits if you have a disability or other special need.

Specialist: Any doctor who has special training for a condition.

Urgent Care: When you need medical care, treatment or advice within 48 hours.

Other Plan Details

HEALTH PLAN NOTICES OF PRIVACY PRACTICES.

THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2016.

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.

By law, we must follow the terms of this notice.

“Health information” (or HI) is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or e-mail. We will also post the new notice at this website **UHCCCommunityPlan.com**. We will notify you of a breach of your HI.

We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Use or Share Your Information.

We must use and share your HI with:

- You or your legal representative.
- The Secretary of the Department of Health and Human Services.

We have the right to use and share your HI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may use or share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your HI with your providers to help with your care.
- **For Health Care Operations Related to Your Care.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.

- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

We may use or share your HI as follows.

- **As Required by Law.**
- **To Persons Involved With Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates** if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

Other Plan Details

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below.

1. HIV/AIDS
2. Mental health
3. Genetic tests
4. Alcohol and drug abuse
5. Sexually transmitted diseases and reproductive health
6. Child or adult abuse or neglect or sexual assault

We will follow stricter laws that apply. The attached “Federal and State Amendments” document describes those laws.

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

Your Rights.

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website, **UHCCCommunityPlan.com**.

Using Your Rights.

- **To Contact your Health Plan.** Call the phone number on your ID card. Or you may contact the UnitedHealth Group Call Center at **1-877-542-9238**, or **TTY: 711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Government Programs Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2016.

We² protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect.

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI.

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Other Plan Details

Confidentiality and Security.

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Questions About This Notice.

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-877-542-9238**, or **TTY: 711**.

¹ This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Health Plan of Nevada, Inc.; Unison Health Plan of Delaware, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1 on this page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Alere Women’s and Children’s Health, LLC; AmeriChoice Health Services, Inc.; Connexions HCl, LLC; Dental Benefit Providers, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions.

UNITEDHEALTH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2016.

The first part of this Notice (pages 66 – 70) says how we may use and share your health information (“HI”) under federal privacy rules. Other laws may limit these rights. The charts below:

1. Show the categories subject to stricter laws.
2. Give you a summary of when we can use and share your HI without your consent.

Your written consent, if needed, must meet the rules of the federal or state law that applies.

SUMMARY OF FEDERAL LAWS

Alcohol and Drug Abuse Information

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Genetic Information

We are not allowed to use genetic information for underwriting purposes.

SUMMARY OF STATE LAWS

General Health Information

We are allowed to disclose general health information only (1) under certain limited circumstances, and /or (2) to specific recipients.	CA, NE, PR, RI, VT, WA, WI
HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
You may be able to restrict certain electronic disclosures of health information.	NC, NV
We are not allowed to use health information for certain purposes.	CA, IA
We will not use and/or disclosure information regarding certain public assistance programs except for certain purposes	KY, MO, NJ, SD
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.	KS

Other Plan Details

Prescriptions	
We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and /or (2) to specific recipients.	ID,NH, NV
Communicable Diseases	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and /or (2) to specific recipients.	AZ, IN, KS, MI, NV, OK
Sexually Transmitted Diseases and Reproductive Health	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY
Alcohol and Drug Abuse	
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA
Genetic Information	
We are not allowed to disclose genetic information without your written consent.	CA, CO, KS, KY, LA, NY, RI, TN, WY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, GA, IA, IL, MD, MA, ME, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	FL, GA, IA, LA, MD, NM, OH, UT, VA, VT

HIV/AIDS	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS- related information.	CT, FL
We will collect certain HIV/AIDS-related information only with your written consent.	OR
Mental Health	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI
Disclosures may be restricted by the individual who is the subject of the information.	WA
Certain restrictions apply to oral disclosures of mental health information.	CT
Certain restrictions apply to the use of mental health information.	ME
Child or Adult Abuse	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI

We're here for you.

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-877-542-9238, TTY: 711**. You can also visit our website at **myuhc.com/CommunityPlan**.

UnitedHealthcare Community Plan
10895 Grandview Dr., Suite 200
Overland Park, KS 66210

myuhc.com/CommunityPlan

1-877-542-9238, TTY: 711



